

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162
County Registrar No. 74
Local Registrar No. _____

2. Full name of child Arthur Douglas McElhannon
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth 9
6. Legitimate? yes
7. Date of birth Jan. 21-1924
Month day year

8. FATHER
Full name Leon C. McElhannon
14. MOTHER
Full maiden name Minnie Durham

9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state _____
15. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state _____

10. Color or race White
11. Age at last birthday 37 (Years)
16. Color or race White
17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Wilbarger Co., Texas
(State or country) _____
18. Birthplace (city or place) Dallas Co., Texas
(State or country) _____

13. Occupation
Nature of industry Mining
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 9
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 3 A. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature E. M. Cron M.D.
Address Miami, Ariz.
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Filed Jan 31, 1924
Filed 2/6, 1924

Registrar. _____
Local Registrar. C. E. Dwin
County Registrar. B. J. J. J.

145 - 121 - 445